

**REPORT
ON THE
COST REPORT REVIEW**

**DOCTORS MEDICAL CENTER OF MODESTO
MODESTO, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1184654923**

**FISCAL PERIOD ENDED
MAY 31, 2010**

**Audits Section—Fresno
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Michael Harrold
Audit Supervisor: Kathy Atkins
Auditor: Brian Emo**



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

November 12, 2013

Craig Armin
VP Government Programs
Tenet Healthcare Corporation
1455 Ross Avenue, Suite 1400
Dallas, TX 75202-2703

DOCTORS MEDICAL CENTER OF MODESTO
NATIONAL PROVIDER IDENTIFIER (NPI) 1184654923
FISCAL PERIOD ENDED MAY 31, 2010

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$358,711, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Medi-Cal Cost (CONTRACT Schedules)
4. Audit Adjustments Schedule

The audited settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account

Status will be forwarded to the provider by the State fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status. Future long-term care prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Fee-For-Service Rates Development Division.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

United States Postal Service (USPS)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899

Courier (UPS, FedEx, etc.)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

Craig Armin
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If you have questions regarding this report, you may call the Audits Section— Fresno at (559) 446-2458.

Original Signed by

Michael A. Harrold, Chief
Audits Section—Fresno
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1184654923		
Reported	\$ 0	
Net Change	\$ (280,730)	
Audited Amount Due Provider (State)	\$ (280,730)	
2. Subprovider I (SCHEDULE 1-1) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI: 1184654923		
Reported		\$ 51,173,341
Net Change		\$ 359,127
Audited Cost		\$ 51,532,468
Audited Amount Due Provider (State)	\$ (77,981)	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (358,711)	
9. Total Medi-Cal Cost		\$ 51,532,468

SUMMARY OF FINDINGS

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

	SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1)		
Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1)		
Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1)		
Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1)		
Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1)		
Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1)		
Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)	\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)	\$ (358,711)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

Provider NPI:
1184654923

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ 0	\$ 773,349
2. Excess Reasonable Cost Over Charges (Schedule 2)		\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ 0	N/A
4.	\$	\$ 0	0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		\$ 0	\$ 773,349
6. Interim Payments (Adj 11)		\$ 0	\$ (1,054,079)
7. Balance Due Provider (State)		\$ 0	\$ (280,730)
8. Duplicate Payments (Adj)		\$ 0	\$ 0
9.	\$	\$ 0	0
10.	\$	\$ 0	0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 0	\$ (280,730)

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
DOCTORS MEDICAL CENTER OF MODESTOFiscal Period Ended:
MAY 31, 2010Provider NPI:
1184654923

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 0 \$ 778,008

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 10) \$ 0 \$ 11,833,3533. Inpatient Ancillary Service Charges (Adj 10) \$ 0 \$ 4,570,3074. Total Charges - Medi-Cal Inpatient Services \$ 0 \$ 16,403,6605. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 0 \$ 15,625,6526. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 0 \$ 0
(To Schedule 1)

* If charges exceed reasonable cost, no further calculation necessary for this schedule.

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
DOCTORS MEDICAL CENTER OF MODESTOFiscal Period Ended:
MAY 31, 2010Provider NPI:
1184654923

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj 4)	72,046	86,404
2. Inpatient Days (include private, exclude swing-bed)	72,046	86,404
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 4)	72,046	86,404
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj)	0	0

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 78,572,548	\$ 92,658,583
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 78,572,548	\$ 92,658,583

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 5)	\$ 359,139,816	\$ 413,682,779
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 6)	\$ 359,139,816	\$ 413,682,779
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.218780	\$ 0.223985
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 4,984.87	\$ 4,787.77
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 78,572,548	\$ 92,658,583

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,090.59	\$ 1,072.39
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 601,708
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 601,708

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
DOCTORS MEDICAL CENTER OF MODESTOFiscal Period Ended:
MAY 31, 2010Provider NPI:
1184654923

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 2,066,323	\$ 2,080,506
2. Total Inpatient Days (Adj)	8,135	8,135
3. Average Per Diem Cost	\$ 254.00	\$ 255.75
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 10,539,592	\$ 10,529,945
7. Total Inpatient Days (Adj)	4,810	4,810
8. Average Per Diem Cost	\$ 2,191.18	\$ 2,189.18
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 5,387,041	\$ 5,379,985
12. Total Inpatient Days (Adj)	2,816	2,816
13. Average Per Diem Cost	\$ 1,913.01	\$ 1,910.51
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 30, Col 27)	\$ 12,511,718	\$ 12,488,688
17. Total Inpatient Days (Adj)	9,128	9,128
18. Average Per Diem Cost	\$ 1,370.70	\$ 1,368.17
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CCU		
21. Total Inpatient Routine Cost (Sch 8, Line 30.03, Col 27)	\$ 4,419,419	\$ 4,407,800
22. Total Inpatient Days (Adj)	2,241	2,241
23. Average Per Diem Cost	\$ 1,972.07	\$ 1,966.89
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj 8)	\$ 0.00	\$ 351.26
27. Medi-Cal Inpatient Days (Adj 8)	0	1,713
28. Cost Applicable to Medi-Cal	\$ 0	\$ 601,708
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 601,708

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

Provider NPI:
1184654923

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
6. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
7. Total Inpatient Days (Adj)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
11. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
16. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
21. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
0		
26. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Schedule 4)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

Provider NPI:
1184654923

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 51,173,341	\$ 51,532,468
2.	Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ 0	\$ 0
3.	Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4.		\$ 0	\$ 0
5.	Subtotal (Sum of Lines 1 through 4)	\$ 51,173,341	\$ 51,532,468
6.	\$	\$ 0	\$ 0
7.		\$ 0	\$ 0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 51,173,341	\$ 51,532,468
(To Summary of Findings)			
9.	Medi-Cal Overpayments (Adj)	\$ 0	\$ 0
10.	Medi-Cal Credit Balances (Adj 16)	\$ 0	\$ (77,981)
11.		\$ 0	\$ 0
12.		\$ 0	\$ 0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (77,981)
(To Summary of Findings)			

**COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGES**

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

Provider NPI:
1184654923

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>51,605,484</u>	\$ <u>52,014,095</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 14)	\$ <u>169,294,198</u>	\$ <u>171,918,976</u>
3. Inpatient Ancillary Service Charges (Adj 14)	\$ <u>295,663,017</u>	\$ <u>316,147,403</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>464,957,215</u>	\$ <u>488,066,379</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>413,351,731</u>	\$ <u>436,052,284</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

* If charges exceed reasonable cost, no further calculation necessary for this schedule.

**COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST**

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

Provider NPI:
1184654923

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj 4)	72,046	86,404
2. Inpatient Days (include private, exclude swing-bed)	72,046	86,404
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 4)	72,046	86,404
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 12)	17,057	16,827

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 78,572,548	\$ 92,658,583
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 78,572,548	\$ 92,658,583

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 5)	\$ 359,139,816	\$ 413,682,779
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 6)	\$ 359,139,816	\$ 413,682,779
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.218780	\$ 0.223985
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 4,984.87	\$ 4,787.77
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 78,572,548	\$ 92,658,583

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,090.59	\$ 1,072.39
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 18,602,194	\$ 18,045,107
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 12,051,328	\$ 7,965,208
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 30,653,522	\$ 26,010,315

(To Contract Sch 3)

**COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST**

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

Provider NPI:
1184654923

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 2,066,323	\$ 2,080,506
2. Total Inpatient Days (Adj)	8,135	8,135
3. Average Per Diem Cost	\$ 254.00	\$ 255.75
4. Medi-Cal Inpatient Days (Adj 12)	3,300	7,824
5. Cost Applicable to Medi-Cal	\$ 838,200	\$ 2,000,988
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 10,539,592	\$ 10,529,945
7. Total Inpatient Days (Adj)	4,810	4,810
8. Average Per Diem Cost	\$ 2,191.18	\$ 2,189.18
9. Medi-Cal Inpatient Days (Adj 12)	533	1,174
10. Cost Applicable to Medi-Cal	\$ 1,167,899	\$ 2,570,097
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 5,387,041	\$ 5,379,985
12. Total Inpatient Days (Adj)	2,816	2,816
13. Average Per Diem Cost	\$ 1,913.01	\$ 1,910.51
14. Medi-Cal Inpatient Days (Adj 12)	490	562
15. Cost Applicable to Medi-Cal	\$ 937,375	\$ 1,073,707
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 30, Col 27)	\$ 12,511,718	\$ 12,488,688
17. Total Inpatient Days (Adj)	9,128	9,128
18. Average Per Diem Cost	\$ 1,370.70	\$ 1,368.17
19. Medi-Cal Inpatient Days (Adj 12)	5,639	1,696
20. Cost Applicable to Medi-Cal	\$ 7,729,377	\$ 2,320,416
CCU		
21. Total Inpatient Routine Cost (Sch 8, Line 30.03, Col 27)	\$ 4,419,419	\$ 4,407,800
22. Total Inpatient Days (Adj)	2,241	2,241
23. Average Per Diem Cost	\$ 1,972.07	\$ 1,966.89
24. Medi-Cal Inpatient Days (Adj 12)	699	0
25. Cost Applicable to Medi-Cal	\$ 1,378,477	\$ 0
SUBPROVIDER I		
26. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 13,840,155	\$ 0
27. Total Inpatient Days (Adj 4)	14,358	0
28. Average Per Diem Cost	\$ 963.93	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 12,051,328	\$ 7,965,208

(To Contract Sch 4)

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMIN- TRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS													
37.00	Operating Room	0	0	0	0	0	0	0	0	0	0	14,691,178	2,879,189
37.01	Enterostomy	0	0	0	0	0	0	0	0	0	0	4,815	944
39.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	6,654,707	1,304,195
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	96,056	18,825
41.00	Radiology - Diagnostic	0	0	0	0	0	0	0	0	0	0	6,805,731	1,333,793
41.02	Ultrasound	0	0	0	0	0	0	0	0	0	0	796,555	156,110
41.03	Endoscopy	0	0	0	0	0	0	0	0	0	0	1,931,353	378,508
41.04	MRI	0	0	0	0	0	0	0	0	0	0	406,227	79,613
44.00	Laboratory	0	0	0	0	0	0	0	0	0	0	9,402,882	1,842,784
47.00	Blood Storing, Processing & TRA	0	0	0	0	0	0	0	0	0	0	3,106,463	608,807
49.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	5,487,156	1,075,377
50.00	Physical Therapy	0	0	0	0	0	0	0	0	0	0	1,133,447	222,134
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	196,932	38,595
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	102,628	20,113
53.00	Electrocardiology	0	0	0	0	0	0	0	0	0	0	242,714	47,567
53.02	Cardiovascular Lab	0	0	0	0	0	0	0	0	0	0	5,804,780	1,137,625
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	113,625	22,268
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	15,242,579	2,987,253
55.30	Impl. Dev. Charged to Patient	0	0	0	0	0	0	0	0	0	0	17,679,661	3,464,874
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	12,649,925	2,479,142
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	1,139,148	223,251
59.00	Non-Invasive Vascular Services	0	0	0	0	0	0	0	0	0	0	591,506	115,924
59.25	Sleep Disorder	0	0	0	0	0	0	0	0	0	0	1,024	201
59.29	Diabetes	0	0	0	0	0	0	0	0	0	0	703,699	137,911
59.81	High Risk Infancy	0	0	0	0	0	0	0	0	0	0	319,330	62,583
59.82	High Risk Respiratory	0	0	0	0	0	0	0	0	0	0	1,088,676	213,360
59.97	Cardiac Rehab	0	0	0	0	0	0	0	0	0	0	14,276	2,798
59.99	Lithotripter	0	0	0	0	0	0	0	0	0	0	162,449	31,837
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	0	0	0	0	0	0	0	0	0	12,318,005	2,414,092
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00		0	0	0	0	0	0	0	0	0	0	0	0
82.00		0	0	0	0	0	0	0	0	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER!													
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	8,965	1,757
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	2,741	537
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00	Doctors Meals	0	0	0	0	0	0	0	0	0	0	488,979	95,830
100.05	Public Relations	0	0	0	0	0	0	0	0	0	0	487,940	95,627
100.31	Merryhill	0	0	0	0	0	0	0	0	0	0	93,847	18,392
100.32	MOD II	0	0	0	0	0	0	0	0	0	0	494,189	96,852
100.33		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>297,604,997</u>	<u>48,767,390</u>

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
ANCILLARY COST CENTERS												
37.00 Operating Room	0	1,239,258	0	375,959	0	268,230	0	389,132	0	1,268	518,534	0
37.01 Enterostomy	0	7,369	0	2,236	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	602,843	0	182,887	0	96,801	0	193,789	0	4,592	134,717	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	101,685	0
41.00 Radiology - Diagnostic	0	566,947	0	171,997	0	82,962	0	21,952	0	924	631,443	0
41.02 Ultrasound	0	29,674	0	9,002	0	13,204	0	0	0	0	41,507	0
41.03 Endoscopy	0	165,466	0	50,198	0	26,954	0	49,146	0	830	78,034	0
41.04 MRI	0	0	0	0	0	3,713	0	0	0	0	26,999	0
44.00 Laboratory	0	435,511	0	132,123	0	99,200	0	0	0	25	979,214	0
47.00 Blood Storing, Processing & TRA	0	0	0	0	0	0	0	0	0	0	11,865	0
49.00 Respiratory Therapy	0	101,959	0	30,932	0	80,284	0	85	0	481	231,450	0
50.00 Physical Therapy	0	30,460	0	9,241	0	3,472	0	0	0	29	32,339	0
51.00 Occupational Therapy	0	3,308	0	1,004	0	0	0	0	0	0	6,931	0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0	0	2,148	0
53.00 Electrocardiology	0	7,599	0	2,305	0	3,781	0	4,209	0	0	50,332	0
53.02 Cardiovascular Lab	0	589,546	0	178,853	0	81,442	0	81,627	0	6,472	372,641	0
54.00 Electroencephalography	0	0	0	0	0	1,697	0	0	0	0	2,685	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	2,422,287	8,233,971	360,436	0
55.30 Impl. Dev. Charged to Patient	0	0	0	0	0	0	0	0	586,765	0	87,335	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	1,281,466	0
57.00 Renal Dialysis	0	93,378	0	28,328	0	16,873	0	26,810	0	6,475	22,659	0
59.00 Non-Invasive Vascular Services	0	25,154	0	7,631	0	9,160	0	49	0	0	54,033	0
59.25 Sleep Disorder	0	0	0	0	0	0	0	0	0	0	156	0
59.29 Diabetes	0	81,325	0	24,672	0	9,985	0	766	0	783	1,418	0
59.81 High Risk Infancy	0	16,671	0	5,058	0	4,493	0	428	0	0	227	0
59.82 High Risk Respiratory	0	0	0	0	0	17,813	0	0	0	0	59,375	0
59.97 Cardiac Rehab	0	0	0	0	0	277	0	615	0	0	8	0
59.99 Lithotripter	0	0	0	0	0	137	0	261	0	0	6,032	0
60.00 Clinic	0	0	0	0	0	19,084	0	5,547	0	195	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	654,232	0	198,477	0	183,798	0	312,737	0	8,349	246,715	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:												
96.00 Gift, Flower, Coffee Shop & Canteen	0	25,711	0	7,800	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	7,861	0	2,385	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Doctors Meals	0	40,449	0	12,271	0	0	0	0	0	0	0	0
100.05 Public Relations	0	10,153	0	3,080	0	1,542	0	0	0	0	0	0
100.31 Merryhill	0	220,949	0	67,030	0	0	0	0	0	0	0	0
100.32 MOD II	0	0	0	0	0	0	0	0	0	0	0	0
100.33	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	13,612,188	1,785,695	4,086,048	3,082,822	2,646,747	0	3,506,484	3,009,052	8,274,740	6,983,770	1,233,717

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

	TRIAL BALANCE EXPENSES	INSERVICE EDUCATION 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT 26.00 (Adj 1)	TOTAL COST 27.00
ANCILLARY COST CENTERS												
37.00	Operating Room	111,599	0	0	0	0	0	82,425	0	20,556,771		20,556,771
37.01	Enterostomy	0	0	0	0	0	0	0	0	15,363		15,363
39.00	Delivery Room and Labor Room	55,577	0	0	0	0	0	326,264	0	9,556,372		9,556,372
40.00	Anesthesiology	0	0	0	0	0	0	0	0	216,566		216,566
41.00	Radiology - Diagnostic	6,296	0	0	0	0	0	0	0	9,622,044		9,622,044
41.02	Ultrasound	0	0	0	0	0	0	0	0	1,046,052		1,046,052
41.03	Endoscopy	14,095	0	0	0	0	0	0	0	2,694,584		2,694,584
41.04	MRI	0	0	0	0	0	0	0	0	516,551		516,551
44.00	Laboratory	0	0	0	0	0	0	0	0	12,891,739		12,891,739
47.00	Blood Storing, Processing & TRA	0	0	0	0	0	0	0	0	3,727,135		3,727,135
49.00	Respiratory Therapy	24	0	0	0	0	0	0	0	7,007,746		7,007,746
50.00	Physical Therapy	0	0	0	0	0	0	0	0	1,431,121		1,431,121
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	246,770		246,770
52.00	Speech Pathology	0	0	0	0	0	0	0	0	124,889		124,889
53.00	Electrocardiology	1,207	0	0	0	0	0	0	0	359,714		359,714
53.02	Cardiovascular Lab	23,410	0	0	0	0	0	0	0	8,276,396		8,276,396
54.00	Electroencephalography	0	0	0	0	0	0	0	0	140,276		140,276
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	29,246,526		29,246,526
55.30	Impl. Dev. Charged to Patient	0	0	0	0	0	0	0	0	21,818,635		21,818,635
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	16,410,534		16,410,534
57.00	Renal Dialysis	7,689	0	0	0	0	0	0	0	1,564,611		1,564,611
59.00	Non-Invasive Vascular Services	14	0	0	0	0	0	0	0	803,471		803,471
59.25	Sleep Disorder	0	0	0	0	0	0	0	0	1,381		1,381
59.29	Diabetes	220	0	0	0	0	0	0	0	960,779		960,779
59.81	High Risk Infancy	123	0	0	0	0	0	0	0	408,912		408,912
59.82	High Risk Respiratory	0	0	0	0	0	0	0	0	1,379,224		1,379,224
59.97	Cardiac Rehab	176	0	0	0	0	0	0	0	18,149		18,149
59.99	Lithotripter	75	0	0	0	0	0	0	0	200,791		200,791
60.00	Clinic	1,591	0	0	0	0	0	0	0	26,418		26,418
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0		0
61.00	Emergency	89,689	0	0	0	0	0	78,990	0	16,505,085		16,505,085
62.00	Observation Beds	0	0	0	0	0	0	0	0	0		0
71.00		0	0	0	0	0	0	0	0	0		0
82.00		0	0	0	0	0	0	0	0	0		0
83.00		0	0	0	0	0	0	0	0	0		0
84.00		0	0	0	0	0	0	0	0	0		0
85.00		0	0	0	0	0	0	0	0	0		0
86.00		0	0	0	0	0	0	0	0	0		0
NONREIMBURSABLE COST CENTER:												
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	44,233		44,233
97.00	Research	0	0	0	0	0	0	0	0	0		0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	13,524		13,524
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0		0
99.01		0	0	0	0	0	0	0	0	0		0
99.02		0	0	0	0	0	0	0	0	0		0
99.03		0	0	0	0	0	0	0	0	0		0
99.04		0	0	0	0	0	0	0	0	0		0
99.05		0	0	0	0	0	0	0	0	0		0
100.00	Doctors Meals	0	0	0	0	0	0	0	0	637,530		637,530
100.05	Public Relations	0	0	0	0	0	0	0	0	598,342		598,342
100.31	Merryhill	0	0	0	0	0	0	0	0	400,218		400,218
100.32	MOD II	0	0	0	0	0	0	0	0	591,041		591,041
100.33		0	0	0	0	0	0	0	0	0		0
	TOTAL	999,841	0	0	0	0	0	2,670,214	0	297,604,997	0	297,604,997

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (W/S B-1)

SCHEDULE 9.1

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

	EMP BENE (GROSS SALARIES) 5.00 (Adj)	STAT 6.01 (Adj)	STAT 6.02 (Adj)	STAT 6.03 (Adj)	STAT 6.04 (Adj)	STAT 6.05 (Adj)	STAT 6.06 (Adj)	STAT 6.07 (Adj)	STAT 6.08 (Adj)	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Adj)
ANCILLARY COST CENTERS											
37.00	Operating Room									14,691,178	
37.01	Enterostomy									4,815	
39.00	Delivery Room and Labor Room									6,654,707	
40.00	Anesthesiology									96,056	
41.00	Radiology - Diagnostic									6,805,731	
41.02	Ultrasound									796,555	
41.03	Endoscopy									1,931,353	
41.04	MRI									406,227	
44.00	Laboratory									9,402,882	
47.00	Blood Storing, Processing & TRA									3,106,463	
49.00	Respiratory Therapy									5,487,156	
50.00	Physical Therapy									1,133,447	
51.00	Occupational Therapy									196,932	
52.00	Speech Pathology									102,628	
53.00	Electrocardiology									242,714	
53.02	Cardiovascular Lab									5,804,780	
54.00	Electroencephalography									113,625	
55.00	Medical Supplies Charged to Patients									15,242,579	
55.30	Impl. Dev. Charged to Patient									17,679,661	
56.00	Drugs Charged to Patients									12,649,925	
57.00	Renal Dialysis									1,139,148	
59.00	Non-Invasive Vascular Services									591,506	
59.25	Sleep Disorder									1,024	
59.29	Diabetes									703,699	
59.81	High Risk Infancy									319,330	
59.82	High Risk Respiratory									1,088,676	
59.97	Cardiac Rehab									14,276	
59.99	Lithotripter									162,449	
60.00	Clinic									0	
60.01	Other Clinic Services									0	
61.00	Emergency									12,318,005	
62.00	Observation Beds									0	
71.00										0	
82.00										0	
83.00										0	
84.00										0	
85.00										0	
86.00										0	
NONREIMBURSABLE COST CENTERS											
96.00	Gift, Flower, Coffee Shop & Canteen									8,965	
97.00	Research									0	
98.00	Physicians' Private Office									2,741	
99.00	Nonpaid Workers									0	
99.01										0	
99.02										0	
99.03										0	
99.04										0	
99.05										0	
100.00	Doctors Meals									488,979	
100.05	Public Relations									487,940	
100.31	Merryhill									93,847	
100.32	MOD II									494,189	
100.33										0	
TOTAL	0	0	0	0	0	0	0	0	0	248,837,607	0
COST TO BE ALLOCATED	0	0	0	0	0	0	0	0	0	48,767,390	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.195981	0.000000

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

	OPER PLANT (SQ FT) 8.00 (Adj)	LAUNDRY & LINEN (PT DAYS) 9.00 (Adj)	HOUSE- KEEPING (SQ FT) 10.00 (Adj)	DIETARY (PATIENT DAYS) 11.00 (Adj)	CAFETERIA (GROSS SALARIES) 12.00 (Adj)	MAINT OF PERSONNEL (# HOUSED) 13.00 (Adj)	NURSING ADMIN (NURSE SAL) 14.00 (Adj)	CENT SERV & SUPPLY (CST REQ) 15.00 (Adj)	PHARMACY (COSTS REQUIS) 16.00 (Adj)	MED REC (GROSS REVENUE) 17.00 (Adj)	SOC SERV (PATIENT DAYS) 18.00 (Adj)	INSERVICE EDUCATION (NURS SAL) 19.00 (Adj)	
ANCILLARY COST CENTERS													
37.00	Operating Room	37,837		37,837		13,095,710		8,312,687		1,999	198,886,158	8,312,687	
37.01	Enterostomy	225		225									
39.00	Delivery Room and Labor Room	18,406		18,406		4,726,081		4,139,751		7,239	51,671,238	4,139,751	
40.00	Anesthesiology										39,001,653		
41.00	Radiology - Diagnostic	17,310		17,310		4,050,435		468,941		1,457	242,193,284	468,941	
41.02	Ultrasound	906		906		644,675					15,920,092		
41.03	Endoscopy	5,052		5,052		1,315,992		1,049,864		1,309	29,930,507	1,049,864	
41.04	MRI					181,270					10,355,437		
44.00	Laboratory	13,297		13,297		4,843,239				40	375,582,345		
47.00	Blood Storing, Processing & TRA										4,550,795		
49.00	Respiratory Therapy	3,113		3,113		3,919,674		1,806		758	88,773,630	1,806	
50.00	Physical Therapy	930		930		169,524				45	12,403,700		
51.00	Occupational Therapy	101		101							2,658,311		
52.00	Speech Pathology										823,837		
53.00	Electrocardiology	232		232		184,579		89,919			19,305,142	89,919	
53.02	Cardiovascular Lab	18,000		18,000		3,976,226		1,743,716		10,202	142,928,333	1,743,716	
54.00	Electroencephalography					82,852					1,029,942		
55.00	Medical Supplies Charged to Patients									8,050	12,979,897	138,247,091	
55.30	Impl. Dev. Charged to Patient									1,950		33,497,765	
56.00	Drugs Charged to Patients										491,512,826		
57.00	Renal Dialysis	2,851		2,851		823,788		572,717		10,207	8,690,841	572,717	
59.00	Non-Invasive Vascular Services	768		768		447,199		1,050			20,724,480	1,050	
59.25	Sleep Disorder										59,998		
59.29	Diabetes	2,483		2,483		487,501		16,364		1,235	543,966	16,364	
59.81	High Risk Infancy	509		509		219,379		9,139			86,884	9,139	
59.82	High Risk Respiratory					869,686					22,773,527		
59.97	Cardiac Rehab					13,506		13,130			3,015	13,130	
59.99	Lithotripter					6,706		5,566			2,313,639	5,566	
60.00	Clinic					931,723		118,505		308		118,505	
60.01	Other Clinic Services												
61.00	Emergency	19,975		19,975		8,973,517		6,680,729		13,161	94,628,730	6,680,729	
62.00	Observation Beds												
71.00													
82.00													
83.00													
84.00													
85.00													
86.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop & Canteen	785		785									
97.00	Research												
98.00	Physicians' Private Office	240		240									
99.00	Nonpaid Workers												
99.01													
99.02													
99.03													
99.04													
99.05													
100.00	Doctors Meals	1,235		1,235									
100.05	Public Relations	310		310		75,273							
100.31	Merryhill	6,746		6,746									
100.32	MOD II												
100.33													
	TOTAL	415,607	112,122	411,225	94,859	129,221,445	0	74,905,941	10,000	13,044,164	2,678,659,931	112,122	74,475,552
	COST TO BE ALLOCATED	13,612,188	1,785,695	4,086,048	3,082,822	2,646,747	0	3,506,484	3,009,052	8,274,740	6,983,770	1,233,717	999,841
	UNIT COST MULTIPLIER - SCH 8	32.752547	15.926353	9.936283	32.498993	0.020482	0.000000	0.046812	300.905192	0.634363	0.002607	11.003348	0.013425

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
19.02 (Adj)	19.03 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	24.00 (Adj)

GENERAL SERVICE COST CENTERS

- 1.00 Old Cap Rel Costs-Bldg & Fixtures
- 2.00 Old Cap Rel Costs-Movable Equipment
- 3.00 New Cap Rel Costs-Bldg & Fixtures
- 4.00 New Cap Rel Costs-Movable Equipment
- 4.01
- 4.02
- 4.03
- 4.04
- 4.05
- 4.06
- 4.07
- 4.08
- 5.00 Employee Benefits
- 6.01 Non-Patient Telephones
- 6.02 Data Processing
- 6.03 Purchasing/Receiving
- 6.04 Patient Admitting
- 6.05 Patient Business Office
- 6.06
- 6.07
- 6.08
- 6.00 Administrative and General
- 7.00 Maintenance and Repairs
- 8.00 Operation of Plant
- 9.00 Laundry and Linen Service
- 10.00 Housekeeping
- 11.00 Dietary
- 12.00 Cafeteria
- 13.00 Maintenance of Personnel
- 14.00 Nursing Administration
- 15.00 Central Services & Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00 Social Service
- 19.00 Inservice Education
- 19.02
- 19.03
- 20.00
- 21.00 Nursing School
- 22.00 Intern & Res Service-Salary & Fringes
- 23.00 Intern & Res Other Program Costs
- 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

- 25.00 Adults & Pediatrics (Gen Routine)
- 26.00 Intensive Care Unit
- 27.00 Coronary Care Unit
- 28.00 Coronary Care Unit II
- 29.00 Surgical Intensive Care
- 30.00 NICU
- 30.03 CCU
- 31.00 Subprovider I
- 33.00 Nursery
- 34.00 Medicare Certified Nursing Facility
- 35.00 Distinct Part Nursing Facility
- 36.00 Adult Subacute Care Unit
- 36.01 Subacute Care Unit II
- 36.02 Transitional Care Unit

2,542

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
	19.02 (Adj)	19.03 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	24.00 (Adj)
ANCILLARY COST CENTERS							
37.00						96	
37.01							
39.00						380	
40.00							
41.00							
41.02							
41.03							
41.04							
44.00							
47.00							
49.00							
50.00							
51.00							
52.00							
53.00							
53.02							
54.00							
55.00							
55.30							
56.00							
57.00							
59.00							
59.25							
59.29							
59.81							
59.82							
59.97							
59.99							
60.00							
60.01							
61.00						92	
62.00							
71.00							
82.00							
83.00							
84.00							
85.00							
86.00							
NONREIMBURSABLE COST CENTERS							
96.00							
97.00							
98.00							
99.00							
99.01							
99.02							
99.03							
99.04							
99.05							
100.00							
100.05							
100.31							
100.32							
100.33							
TOTAL	0	0	0	0	0	3,110	0
COST TO BE ALLOCATED	0	0	0	0	0	2,670,214	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	858.589862	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 470,418	\$ 0	\$ 470,418
2.00	Old Cap Rel Costs-Movable Equipment	307,572	0	307,572
3.00	New Cap Rel Costs-Bldg & Fixtures	4,233,145	1,620,956	5,854,101
4.00	New Cap Rel Costs-Movable Equipment	5,162,481	0	5,162,481
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits		0	0
6.01	Non-Patient Telephones		0	0
6.02	Data Processing		0	0
6.03	Purchasing/Receiving		0	0
6.04	Patient Admitting		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	49,957,827	(1,865,030)	48,092,797
7.00	Maintenance and Repairs		0	0
8.00	Operation of Plant	9,077,649	0	9,077,649
9.00	Laundry and Linen Service	1,376,875	0	1,376,875
10.00	Housekeeping	3,318,914	0	3,318,914
11.00	Dietary	1,860,855	0	1,860,855
12.00	Cafeteria	2,213,035	0	2,213,035
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	2,793,117	0	2,793,117
15.00	Central Services & Supply	2,234,904	0	2,234,904
16.00	Pharmacy	6,567,402	0	6,567,402
17.00	Medical Records and Library	5,092,340	0	5,092,340
18.00	Social Service	930,095	0	930,095
19.00	Inservice Education	740,202	0	740,202
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program Costs	2,084,787	0	2,084,787
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	50,391,571	0	50,391,571
26.00	Intensive Care Unit	7,387,135	0	7,387,135
27.00	Coronary Care Unit	3,778,092	0	3,778,092
28.00	Coronary Care Unit II		0	0
29.00	Surgical Intensive Care		0	0
30.00	NICU	8,825,382	0	8,825,382
30.03	CCU	3,187,019	0	3,187,019
31.00	Subprovider I	7,425,794	0	7,425,794
33.00	Nursery	1,128,629	0	1,128,629
34.00	Medicare Certified Nursing Facility		0	0
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

Fiscal Period Ended:
MAY 31, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 13,881,506	\$ 0	\$ 13,881,506
37.01	Enterostomy	254,918	(254,918)	0
39.00	Delivery Room and Labor Room	6,260,838	0	6,260,838
40.00	Anesthesiology	96,056	0	96,056
41.00	Radiology - Diagnostic	6,435,315	0	6,435,315
41.02	Ultrasound	777,168	0	777,168
41.03	Endoscopy	1,823,245	0	1,823,245
41.04	MRI	406,227	0	406,227
44.00	Laboratory	9,118,340	0	9,118,340
47.00	Blood Storing, Processing & TRA	3,106,463	0	3,106,463
49.00	Respiratory Therapy	5,420,541	0	5,420,541
50.00	Physical Therapy	1,113,546	0	1,113,546
51.00	Occupational Therapy	194,771	0	194,771
52.00	Speech Pathology	102,628	0	102,628
53.00	Electrocardiology	237,749	0	237,749
53.02	Cardiovascular Lab	5,419,599	0	5,419,599
54.00	Electroencephalography	113,625	0	113,625
55.00	Medical Supplies Charged to Patients	15,242,579	0	15,242,579
55.30	Impl. Dev. Charged to Patient	17,679,661	0	17,679,661
56.00	Drugs Charged to Patients	12,649,925	0	12,649,925
57.00	Renal Dialysis	1,078,140	0	1,078,140
59.00	Non-Invasive Vascular Services	575,072	0	575,072
59.25	Sleep Disorder	1,024	0	1,024
59.29	Diabetes	650,565	0	650,565
59.81	High Risk Infancy	308,438	0	308,438
59.82	High Risk Respiratory	1,088,676	0	1,088,676
59.97	Cardiac Rehab	14,276	0	14,276
59.99	Lithotripter	162,449	0	162,449
60.00	Clinic		0	0
60.01	Other Clinic Services		0	0
61.00	Emergency	11,890,561	0	11,890,561
62.00	Observation Beds		0	0
71.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 296,649,141	\$ (498,992)	\$ 296,150,149
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
100.00	Doctors Meals	462,551	0	462,551
100.05	Public Relations	481,306	0	481,306
100.31	Merryhill	16,802	0	16,802
100.32	MOD II	494,189	0	494,189
100.33			0	0
100.99	SUBTOTAL	\$ 1,454,848	\$ 0	\$ 1,454,848
101	TOTAL	\$ 298,103,989	\$ (498,992)	\$ 297,604,997

(To Schedule 8)

Provider Name:
DOCTORS MEDICAL CENTER OF MODESTO

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ								
ANCILLARY COST CENTERS												
37.00 Operating Room	0											
37.01 Enterostomy	(254,918)		(254,918)									
39.00 Delivery Room and Labor Room	0											
40.00 Anesthesiology	0											
41.00 Radiology - Diagnostic	0											
41.02 Ultrasound	0											
41.03 Endoscopy	0											
41.04 MRI	0											
44.00 Laboratory	0											
47.00 Blood Storing, Processing & TRA	0											
49.00 Respiratory Therapy	0											
50.00 Physical Therapy	0											
51.00 Occupational Therapy	0											
52.00 Speech Pathology	0											
53.00 Electrocardiology	0											
53.02 Cardiovascular Lab	0											
54.00 Electroencephalography	0											
55.00 Medical Supplies Charged to Patients	0											
55.30 Impl. Dev. Charged to Patient	0											
56.00 Drugs Charged to Patients	0											
57.00 Renal Dialysis	0											
59.00 Non-Invasive Vascular Services	0											
59.25 Sleep Disorder	0											
59.29 Diabetes	0											
59.81 High Risk Infancy	0											
59.82 High Risk Respiratory	0											
59.97 Cardiac Rehab	0											
59.99 Lithotripter	0											
60.00 Clinic	0											
60.01 Other Clinic Services	0											
61.00 Emergency	0											
62.00 Observation Beds	0											
71.00	0											
82.00	0											
83.00	0											
84.00	0											
85.00	0											
86.00	0											
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop & Canteen	0											
97.00 Research	0											
98.00 Physicians' Private Office	0											
99.00 Nonpaid Workers	0											
99.01	0											
99.02	0											
99.03	0											
99.04	0											
99.05	0											
100.00 Doctors Meals	0											
100.05 Public Relations	0											
100.31 Merryhill	0											
100.32 MOD II	0											
100.33	0											
101.00 TOTAL	<u>(\$498,992)</u>	<u>(244,074)</u>	<u>(254,918)</u>	<u>0</u>								

(To Sch 10)

Provider Name							Fiscal Period			Provider NPI		Adjustments
DOCTORS MEDICAL CENTER OF MODESTO							JUNE 1, 2009 THROUGH MAY 31, 2010			1184654923		16
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>MEMORANDUM ADJUSTMENT</u>												
1	8	B	I		25.00	26	Adults and Pediatrics			\$0	\$14,006,891	\$14,006,891
	8	B	I		31.00	26	Subprovider I To reclassify Subprovider costs to the Adults and Pediatrics cost center after step down as they do not meet the qualifications of a separate level of care. 42 CFR 413.20, 413.24 and 413.53(b) CMS Pub. 15-1, Sections 2300, 2304, 2306 and 2336			0	(14,006,891)	(14,006,891)

Provider Name							Fiscal Period		Provider NPI		Adjustments
DOCTORS MEDICAL CENTER OF MODESTO							JUNE 1, 2009 THROUGH MAY 31, 2010		1184654923		16
Report References							Explanation of Audit Adjustments				
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<u>ADJUSTMENTS TO REPORTED COSTS</u>											
2	10A	A			3.00	7	New Capital Related Costs - Buildings and Fixtures	\$4,233,145	\$1,620,956	\$5,854,101	
	10A	A			6.00	7	Administrative and General To adjust home office costs to agree with the filed Home Office Cost Reports. 42 CFR 413.17, 413.20 and 413.24 CMS Pub. 15-I, Sections 2150.2, 2300 and 2304	49,957,827	(1,865,030)	48,092,797	
3	10A	A			37.01	7	Enterostomy To eliminate enterostomy services due to improper matching of revenue with expense and due to insufficient documentation. 42 CFR 413.5, 413.20, 413.24, 413.50 and 413.53 CMS Pub. 15-I, Sections 2102, 2202.4, 2206, 2300, 2304, 2302.6 and 2306	\$254,918	(\$254,918)	\$0	

Provider Name							Fiscal Period		Provider NPI		Adjustments
DOCTORS MEDICAL CENTER OF MODESTO							JUNE 1, 2009 THROUGH MAY 31, 2010		1184654923		16
Report References							Explanation of Audit Adjustments				
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>											
4	4	D-1	I	XIX	1.00	1	Total Inpatient Days - Adults and Pediatrics	72,046	14,358	86,404	
	4	D-1	I	XIX	4.00	1	Semi-Private Room Days	72,046	14,358	86,404	
	4A	D-1	I	XIX	1.00	2	Total Inpatient Days - Subprovider I	14,358	(14,358)	0	
							To reclassify Suprovider I days to Adults and Pediatrics for proper cost determination in conjunction with adjustment 1. 42 CFR 413.20, 413.24 and 413.53(b) CMS Pub. 15-I, Sections 2300, 2304, 2306 and 2336.1				

Provider Name							Fiscal Period		Provider NPI		Adjustments
DOCTORS MEDICAL CENTER OF MODESTO							JUNE 1, 2009 THROUGH MAY 31, 2010		1184654923		16
Report References							Explanation of Audit Adjustments				
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED TOTAL CHARGES											
5	4	D-1	I	XIX	28.00	1	General Inpatient Routine Service Charges - Adults and Pediatrics	\$359,139,816	\$54,542,963	\$413,682,779	
	N/A	D-1	I	XIX	28.00	2	General Inpatient Routine Service Charges - Subprovider I To reclassify Subprovider I general inpatient routine charges to the Adults and Pediatrics cost center in conjunction with adjustment 1. 42 CFR 413.20, 413.24 and 413.53(b) CMS Pub. 15-I, Sections 2300, 2304, 2306 and 2336.1	54,542,963	(54,542,963)	0	
6	4	D-1	I	XIX	30.00	1	General Inpatient Routine Service Charges - Adults and Pediatrics	\$359,139,816	\$54,542,963	\$413,682,779	
	N/A	D-1	I	XIX	30.00	2	General Inpatient Routine Service Charges - Subprovider I To reclassify Subprovider I semi-private room charges to the Adults and Pediatrics cost center in conjunction with adjustment 1. 42 CFR 413.20, 413.24 and 413.53(b) CMS Pub. 15-I, Sections 2300, 2304, 2306 and 2336.1	54,542,963	(54,542,963)	0	
7	5	C	I		62.00	8	Observation Beds To eliminate observation bed revenue for the proper matching of revenue with expense. 42 CFR 413.5, 413.20, 413.24 and 413.50 CMS Pub. 15-I, Sections 2102, 2202.4, 2206, 2302.6 and 2304	\$7,050,380	(\$7,050,380)	\$0	

Provider Name							Fiscal Period			Provider NPI		Adjustments
DOCTORS MEDICAL CENTER OF MODESTO							JUNE 1, 2009 THROUGH MAY 31, 2010			1184654923		16
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT												
8	4A	Not Reported					Medi-Cal Administrative Days	0	1,713	1,713		
	4A	Not Reported					Medi-Cal Administrative Day Rate	\$0.00	\$351.26	\$351.26		
9	6	Not Reported					Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$0	\$70,955	\$70,955		
	6	Not Reported					Medi-Cal Ancillary Charges - Ultrasound	0	63,192	63,192		
	6	Not Reported					Medi-Cal Ancillary Charges - MRI	0	11,368	11,368		
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory	0	883,535	883,535		
	6	Not Reported					Medi-Cal Ancillary Charges - Physical Therapy	0	203,078	203,078		
	6	Not Reported					Medi-Cal Ancillary Charges - Occupational Therapy	0	70,912	70,912		
	6	Not Reported					Medi-Cal Ancillary Charges - Speech Pathology	0	6,829	6,829		
	6	Not Reported					Medi-Cal Ancillary Charges - Drugs Charged to Patients	0	3,260,438	3,260,438		
	6	Not Reported					Medi-Cal Ancillary Charges - Total	0	4,570,307	4,570,307		
10	2	Not Reported					Medi-Cal Routine Charges - Total	\$0	\$11,833,353	\$11,833,353		
	2	Not Reported					Medi-Cal Ancillary Charges - Total	0	4,570,307	4,570,307		
11	3	Not Reported					Medi-Cal Patient and Third Party Liability	\$0	\$4,659	\$4,659		
	1	Not Reported					Medi-Cal Interim Payments	0	1,054,079	1,054,079		
<p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: June 1, 2009through May 31, 2010 Payment Period: June 1, 2009through July 16, 2010 Report Date: July 27, 2012 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Sections 51173, 51541, and 51542</p>												

Provider Name							Fiscal Period			Provider NPI		Adjustments
DOCTORS MEDICAL CENTER OF MODESTO							JUNE 1, 2009 THROUGH MAY 31, 2010			1184654923		16
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA												
12	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	17,057	(230)	16,827		
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	3,300	4,524	7,824		
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	533	641	1,174		
	Contract 4A	D-1	II	XIX	44.00	4	Medi-Cal Days - Coronary Care Unit	490	72	562		
	Contract 4A	D-1	II	XIX	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	5,639	(3,943)	1,696		
	Contract 4A	D-1	II	XIX	47.03	4	Medi-Cal Days - Critical Care Unit	699	(699)	0		
13	Contract 6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$20,547,714	\$10,916,032	\$31,463,746		
	Contract 6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery and Labor Room	17,485,969	(3,075,583)	14,410,386		
	Contract 6	D-4		XIX	40.00	2	Medi-Cal Ancillary Charges - Anesthesiology	3,971,174	500,902	4,472,076		
	Contract 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	25,376,002	1,343,479	26,719,481		
	Contract 6	D-4		XIX	41.02	2	Medi-Cal Ancillary Charges - Ultrasound	2,566,608	(611,225)	1,955,383		
	Contract 6	D-4		XIX	41.03	2	Medi-Cal Ancillary Charges - Endoscopy	1,203,159	(1,126,135)	77,024		
	Contract 6	D-4		XIX	41.04	2	Medi-Cal Ancillary Charges - MRI	1,724,900	186,352	1,911,252		
	Contract 6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	57,211,847	6,797,449	64,009,296		
	Contract 6	D-4		XIX	47.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing and Tra	805,050	421,391	1,226,441		
	Contract 6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	16,971,651	1,155,246	18,126,897		
	Contract 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	1,896,071	138,738	2,034,809		
	Contract 6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	504,835	39,441	544,276		
	Contract 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	111,641	(1,041)	110,600		
	Contract 6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	1,580,494	(73,876)	1,506,618		
	Contract 6	D-4		XIX	53.02	2	Medi-Cal Ancillary Charges - Cardiovascular Lab	7,667,407	3,576,617	11,244,024		
	Contract 6	D-4		XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	191,777	1,033,882	1,225,659		
	Contract 6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	15,226,831	17,259,685	32,486,516		
	Contract 6	D-4		XIX	55.30	2	Medi-Cal Ancillary Charges - Implanted Devices Charged to Patients	1,098,136	1,455,195	2,553,331		
	Contract 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	94,946,883	(2,880,028)	92,066,855		
	Contract 6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	1,819,436	132,675	1,952,111		
	Contract 6	D-4		XIX	59.00	2	Medi-Cal Ancillary Charges - Non-Invasive Vascular Services	3,602,476	(3,602,476)	0		
	Contract 6	D-4		XIX	59.25	2	Medi-Cal Ancillary Charges - Sleep Disorder	30,588	(30,588)	0		
	Contract 6	D-4		XIX	59.82	2	Medi-Cal Ancillary Charges - High Risk Respiratory	13,169,674	(13,169,674)	0		
	Contract 6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	5,655,215	395,407	6,050,622		

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Provider Name							Fiscal Period	Provider NPI	Adjustments	
DOCTORS MEDICAL CENTER OF MODESTO							JUNE 1, 2009 THROUGH MAY 31, 2010	1184654923	16	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA										
-Continued from previous page-										
13	Contract 6	D-4		XIX	62.00	2	Medi-Cal Ancillary Charges - Observation Beds (Non-Distinct)	\$297,479	(\$297,479)	\$0
	Contract 6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	295,663,017	20,484,386	316,147,403
14	Contract 2	E-3	III	XIX	10.00	1	Medi-Cal Routine Charges - Total	\$169,294,198	\$2,624,778	\$171,918,976
	Contract 2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Charges - Total	295,663,017	20,484,386	316,147,403
15	Contract 3	E-3	III	XIX	33.00	1	Medi-Cal Other Coverage and Patient Liability	\$432,143	\$49,484	\$481,627
To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: June 1, 2009through May 31, 2010 Payment Period: June 1, 2009through July 16, 2012 Report Date: July 27, 2012 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-I, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541										

Provider Name							Fiscal Period			Provider NPI		Adjustments
DOCTORS MEDICAL CENTER OF MODESTO							JUNE 1, 2009 THROUGH MAY 31, 2010			1184654923		16
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENT TO OTHER MATTERS</u>												
16	1	Not Reported					Medi-Cal Credit Balances To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-I, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1			\$0	\$77,981	\$77,981